

**STATE OF SOUTH CAROLINA**

**(Caption of Case)**

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

**Application for Class E Certificate Household Goods  
for Uniform Movers of Charleston, LLC**

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

**TRANSPORTATION COVER SHEET**

**DOCKET**

**NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If this is your first time filing an application with the PSC, you will have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

**Submitted by:** Clare D. Goodwin, Esq.

**Telephone:** 843-628-9411

**Address:** Epstein Law, LLC

**Fax:** \_\_\_\_\_

720 Dupont Road, Suite A

**Other:** \_\_\_\_\_

Charleston, South Carolina 29407

**Email:** clare@epsteinlawllc.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**NATURE OF ACTION (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input checked="" type="checkbox"/> Application - Class E Household Goods   | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**  
 101 Executive Center Drive, Suite 100  
 Columbia, South Carolina 29210

Phone: (803) 896-5100      FAX: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
 MOTOR VEHICLE CARRIER**

Select Class: (Check one)

Date: June 28, 2021

- ☒ E (HHG) - Household Goods  
☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application  
☐ Amended Scope of Authority

Current Scope:  
 (list counties) \_\_\_\_\_

Amended Scope:  
 (list counties) \_\_\_\_\_

1.

Uniform Movers of Charleston, LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name):

6880 Rivers Avenue, North Charleston, South Carolina 29406  
 Street Address of Applicant

\_\_\_\_\_  
 Mailing Address of Applicant (if different from street address)

(864) 553-2880

Phone

FAX

themovers@uniformmoving.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

## 3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

Limited Liability Company

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Member: Gressette Holt

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## 4. Is applicant certified to provide intrastate transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

## 5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of convictions below.*

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## 6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of revocations below.*

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<b><u>Assets:</u></b>		<b><u>Liabilities:</u></b>	
Value of Real Estate	200,000	Mortgage/Loan on Real Estate	
Value of Motor Vehicles	12,000	Loans Owed on Motor Vehicles	
Cash on Hand	1,000	Business/Other Loans Owed	20,000
Cash in Bank	10,000	Other Liabilities or Debts	
Value of Other Assets and Equipment	2,000	<b>Total Liabilities</b>	20,000
<b>Total Assets</b>	225,000		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Labor - \$45.00 per moving team member per hour.

Truck - \$120.00 flat rate

Moves Under 100 Miles - \$100 building at intervals of 25 miles.

Moves Over 100 - Adjustable flat rate plus \$0.50 per pound /\$0.75 per mile.

Blankets - \$10.00 per blanket with \$5.00 buyback option

Specialty Items - Starting at \$25.00 will depend on size (measurements) weight, and fragility. Will be determined and outlined more thoroughly in the Tariff.

## COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

**DESCRIPTION OF EQUIPMENT**

You are **not** required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT

## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Uniform Movers of Charleston, LLC

Name of Applicant

6880 Rivers Avenue, North Charleston, SC 29406

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance    \$    13,396

Limits    \$750,000.00

Cargo Insurance        \$    1330

Limits    \$2,500

\* Attach Certificate of Insurance if available.

Progressive Commercial (Provided through Triest & Sholk)

Name of Insurance Company

1052 Gardner Road, Charleston SC 29407

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Uniform Movers of Charleston, LLC

Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

If "Yes", list judgements here:

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4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

Gressette Holt, Owner

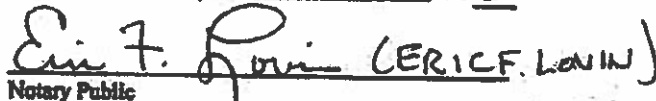
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF GREENVILLE )

SWORN TO BEFORE ME

This 29<sup>th</sup> day of JUNE, 2021

  
Notary Public

Commission Expires 10/24/2023

**Personal Identification Information**

Name of Applicant: Uniform Movers of Charleston, LLC  
Address: 6880 Rivers Avenue  
North Charleston, SC 29406  
Federal Employer Identification Number: [REDACTED]

\*\*\*\*\* Confidential \*\*\*\*\*

**For Internal Use Only**

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Uniform Movers of Charleston, LLC

Applicant's Name

### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

- ☐ Yes ☒ Not Applicable

**Exempt Applicants** - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

- ☐ Yes ☒ Not Applicable

I, Gressette Holt, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME  
This 29<sup>th</sup> day of JUNE, 2021

Eric F. Lovin (ERIC F. LOVIN)  
Notary Public

Commission Expires 10/24/2023

Gressette Holt  
Applicant's Signature

Print Application

Filing ID: 210525-1113256

Filing Date: 05/25/2021

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Uniform Movers of Charleston, LLC

\*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC.", "LLC", "LC.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is  
6880 Rivers Avenue

(Street Address)

North Charleston, South Carolina 29406

(City, State, Zip Code)

3. The initial agent for service of process is

Gressette Holt

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:  
6880 Rivers Avenue

(Street Address)

North Charleston

South Carolina 29406

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Gressette Holt

(Name)

6880 Rivers Avenue

(Street Address)

North Charleston, South Carolina 29406

(City, State, Zip Code)

Uniform Movers of Charleston, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time \_\_\_\_\_.

Uniform Movers of Charleston, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Gressette Holt

Signature of Organizer

Date: 05/25/2021

Signature of Organizer

Date: \_\_\_\_\_

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Uniform Movers of Charleston, LLC, a limited liability company duly organized under the laws of the State of South Carolina on May 25th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 30th day  
of June, 2021.

  
Mark Hammond, Secretary of State

TRIST & SHOLK  
1052 GARDNER RD  
CHARLESTON, SC 29407

**PROGRESSIVE**  
COMMERCIAL

Uniform Movers of Charleston LLC  
6880 RIVERS AVE  
NORTH CHARLESTON, SC 29406

Underwritten by:  
Progressive Northern Insurance Co  
June 23, 2021  
Policy Period: Jun 23, 2021 - Jun 23, 2022  
Page 1 of 3  
Customer Phone number: 1-864-553-2880

## Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized website. Claims service is available 24 hours a day, 7 days a week.

### Policy information

Business: Household Goods Mover

### Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$14,955.00
Paid in full discount	-1559.00
Policy premium if paid in full	\$13,396.00

### Payment plans

**Electronic Funds Transfer (EFT)** assures that your payment is on time. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 16.67% Down	\$14,955.00	\$2,636.33	9 payments of \$1,236.87 and 1 of \$1,236.84
10 Payments, 20.0% Down	\$14,955.00	\$3,128.60	8 payments of \$1,319.05 and 1 of \$1,319.00
6 Pay, Seasonal, 20.0% Down	\$14,955.00	\$3,128.60	5 payments of \$2,370.28
10 Payments, 25.0% Down	\$14,955.00	\$3,867.75	8 payments of \$1,236.92 and 1 of \$1,236.89
4 Pay, Seasonal, 25.0% Down	\$14,955.00	\$3,867.75	3 payments of \$3,700.75
2 Payments, 50.0% Down	\$14,955.00	\$7,563.50	1 payments of \$7,396.50

**Make payments by mail** or at progressiveagent.com. Each payment includes a \$12.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
1 Payment	\$13,396.00	\$13,396.00	None
11 Payments, 16.67% Down	\$15,731.00	\$2,765.69	9 payments of \$1,308.54 and 1 of \$1,308.45
11 Payments, 20.0% Down	\$15,731.00	\$3,283.80	10 payments of \$1,256.72
10 Payments, 20.0% Down	\$15,731.00	\$3,283.80	8 payments of \$1,395.03 and 1 of \$1,394.96
6 Pay, Seasonal, 20.0% Down	\$15,731.00	\$3,283.80	5 payments of \$2,501.44
10 Payments, 25.0% Down	\$15,731.00	\$4,061.75	8 payments of \$1,308.59 and 1 of \$1,308.53

Continued

4 Pay, Seasonal, 25.0% Down	\$15,731.00	\$4,061.75	3 payments of \$3,901.75
4 Pay, Quarterly, 25.0% Down	\$15,731.00	\$4,061.75	3 payments of \$3,901.75
2 Payments, 50.0% Down	\$15,731.00	\$7,951.50	1 payment of \$7,791.50
Outside Premium Financing	\$15,731.00	\$15,731.00	None

**To purchase insurance**

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at 1-843-556-6232. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

**Rated drivers**

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of Birth	Points	Additional Information
Gressette Holt		0	

**Outline of coverage**

Description	Limits	Deductible	Premium
Liability To Others			\$11,348
Bodily Injury and Property Damage Liability	\$500,000 combined single limit		
Hired Auto Liability To Others			154
Bodily Injury and Property Damage Liability	\$500,000 combined single limit		
Uninsured Motorist			182
Bodily Injury	\$100,000 combined single limit		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			195
Bodily Injury	\$100,000 combined single limit		
Property Damage	(included in combined single limit)	\$0	
Medical Payments	\$5,000 each person		139
Comprehensive			1,330
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,435
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$14,783</b>
Additional Insured Fee			20
Blanket Waiver of Subrogation Fee			75
Blanket Additional Insured Fee			75
UM Fund Fee			2
<b>Total 12 month policy premium and fees</b>			<b>\$14,955</b>
Cost of Renting, Hiring, or Borrowing: \$5,000 or less (if any)			

**Auto coverage schedule**

1. **2020 Ford box truck** Stated Amount: \* \$43,500 (including Permanently Attached Equip)  
VIN: **Not Provided** Garaging Zip Code: 29406 Radius: 300 miles  
Personal use: N Body type: Box Truck

Liability Premium	Liability Premium	UM Premium	UIM Premium	Med Pay Premium	
	\$11348	\$182	\$195	\$139	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500/\$0	\$1330	\$2,500	\$1435	<b>\$14,629</b>

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

**Premium discount**

Policy .....  
Electronic Funds Transfer  
Form QUOTE (03/17)